

Peer Review, Quality Assurance and Your Certification Survey

The Certification Bureau occasionally receives requests for information regarding the surveyors' expectations for adequate peer review and quality assurance. The regulations are different for hospitals and critical access hospitals. Below is a breakdown of the specific code citations and surveyor guidance for each facility type.

Hospital Regulations

§482.12 Condition of Participation: Governing Body

The hospital must have an effective governing body legally responsible for the conduct of the hospital as an institution. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

The surveyors will verify that the hospital has an organized governing body or has written documentation that identifies the individual or individuals that are responsible for the conduct of the hospital operations.

§482.12(a)(1) Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff;

The surveyors will review documentation and verify that the governing body has determined and stated the categories of practitioners that are eligible candidates for appointment to the medical staff.

§482.12(a)(2) Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff;

The surveyors will review records of medical staff appointments to determine that the governing body is involved in appointments of medical staff members.

The surveyors will confirm that the governing body appoints all members to the medical staff in accordance with established policies based on the individual practitioner's scope of clinical expertise and in accordance with Federal and State law.

§482.12(a)(3) Assure that the medical staff has bylaws;

The surveyors will verify that the medical staff operates under current bylaws that are in accordance with Federal and State laws and regulations.

§482.12(a)(4) Approve medical staff bylaws and other medical staff rules and regulations;

The surveyors will verify that the medical staff operates under current bylaws, rules and policies that have been approved by the governing body. The surveyors will verify that any revisions or modifications in the medical staff bylaws, rules and policies have been approved by the medical staff and the governing body, e.g., bylaws are annotated with date of last review and initialed by person(s) responsible.

§482.12(a)(5) Ensure that the medical staff is accountable to the governing body for the quality of care provided to patients;

The surveyors will verify that the governing body is periodically apprised of the medical staff evaluation of patient care services provided hospital wide, at every patient care location of the hospital. The surveyors will verify that any individual providing patient care services is a member of the medical staff or is accountable to a member of the medical staff qualified to evaluate the quality of services provided, and in turn, is responsible to the governing body for the quality of services provided.

§482.12(a)(6) Ensure the criteria for selection are individual character, competence, training, experience, and judgment;

The surveyors will verify that there are written criteria for staff appointments to the medical staff and that selection of medical staff for membership, both new and renewal, is based upon an individual practitioner's compliance with the medical staff's membership criteria. The surveyors will verify that at a minimum, criteria for selection to the medical staff are individual character, competence, training, experience, and judgment.

§482.12(a)(7) Ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society.

The surveyors will verify that the hospital has written criteria for staff appointments, and that these criteria are based on individual character, competence, training, experience, and judgment, and are not dependent solely upon certification, fellowship, or membership in a specialty body or society.

Critical Access Hospitals

§485.616 Condition of Participation: Agreements

§485.616(b) Standard: Agreements for Credentialing and Quality Assurance

Each CAH that is a member of a rural health network shall have an agreement with respect to credentialing and quality assurance with at least--

- (1) One hospital that is a member of the network;
- (2) One QIO or equivalent entity; or
- (3) One other appropriate and qualified entity identified in the State rural health care plan.

The surveyors will review any agreements related to credentialing or quality assurance to determine the level of assistance to be provided and the responsibilities of the CAH. The surveyors will review policies and procedures to determine how information is to be obtained, utilized, and how confidentiality of information will be maintained.

§485.627 Condition of Participation: Organizational Structure

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

The surveyors will verify that the CAH has an organized governing body or has written documentation that identifies the individual that is responsible for the conduct of the CAH operations. The surveyors will review documentation and verify that the governing body (or responsible individual) has determined and stated the categories of practitioners that are eligible candidates for appointment to the medical staff. The surveyors will review the facility's operating policies are accurate and timely. The surveyors will review evidence (e.g., minutes of board meetings) that demonstrates that the governing body or the individual who assumes responsibility for CAH operation is involved in the day-to-day operation of the CAH and is fully responsible for its operations. The surveyors will evaluate records of medical staff appointments to substantiate the governing body's (or responsible individual's) involvement in appointments of medical staff members, and they will confirm that the governing body (or responsible individual) appoints all members to the medical staff in accordance with established policies based on the individual practitioner's scope of clinical expertise and in accordance with Federal and State law. The surveyors will verify that the medical staff operates under current bylaws, rules and policies that are in accordance with Federal and State laws and regulations and have been approved by the governing body (or responsible individual). The surveyors will verify that any revisions or modifications in the medical staff bylaws, rules, and policies, have been approved by the medical staff and the governing body (or responsible individual). The surveyors will verify that the governing body (or responsible individual) is periodically apprised of the medical staff evaluation of patient care services provided in the CAH, at every patient care location of the CAH. The surveyors will verify that any individual providing patient care services is a member of the medical staff or is accountable to a member of the medical staff qualified to evaluate the quality of services provided, and in turn, is responsible to the governing body (or responsible individual) for the quality of services provided. If a practitioner providing patient care is not on the medical staff, the person accountable for the quality of services provided by the practitioner will review the credentials of the practitioner and make a recommendation to the medical staff for approval by the governing body. The same credentialing process will be used for the non medical staff members as is used for members of the medical staff. The surveyors will verify that there are written criteria for staff appointments to the medical staff. The surveyors will verify that selection of medical staff for membership, both new and renewal, is based upon an individual practitioner's compliance with the medical staff's membership criteria. The surveyors will verify that at a minimum, criteria for selection to the medical staff are individual character, competence, training, experience, and judgment.

§485.641 Condition of Participation: Periodic Evaluation and Quality Assurance Review

§485.641(a) Standard: Periodic Evaluation

The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes review of—

§485.641(a)(1)(i) The utilization of CAH services, including at least the number of patients served and the volume of services;

§485.641(a)(1)(ii) A representative sample of both active and closed clinical records; and

§485.641(a)(1)(iii) The CAH'S health care policies.

The surveyor will review: how the information obtained is included in the periodic evaluation; how the CAH conducts the periodic evaluation; and, the identified party responsible for conducting the periodic evaluation. The surveyor will review how the CAH ensures that the yearly program evaluation includes a review of all CAH services, the number of patients served and the volume of services provided. The surveyor will review the identified person responsible for the review of both active and closed clinical records, the method in which the records are selected and reviewed in the periodic evaluation, how the evaluation process ensures that the sample of records is representative of services furnished, and the criteria utilized in the review of both active and closed records. The surveyor will review the evidence demonstrating that the health care policies of the CAH are evaluated, reviewed and/or revised as part of the annual program evaluation.

§485.641(a)(2) The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed.

The surveyor will review how the CAH uses the results of the yearly program evaluation and if any policies, procedures and /or facility practices were added, deleted or revised as a result of the yearly program evaluation.

§485.641(b) Standard: Quality Assurance

The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcomes. The program requires that—

The surveyor will review a copy of the CAH QA plan and other documentation regarding QA activities, (e.g., meeting notes from QA committees, reports produced by the QA director and/or QA committees, if designated, and follow-up communication relative to corrective actions) to become familiar with the scope, methodology and organization of the CAH QA program.

§485.641(b)(3) The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialists, and physician assistants at the CAH are evaluated by a member of the CAH staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the CAH; **The surveyors will review how the CAH ensures that a doctor of medicine or osteopathy evaluates the quality of care provided by mid-level practitioners in the**

CAH, how the clinical performance of mid-level practitioners is evaluated and what evidence demonstrates that there is an ongoing evaluation of care provided by mid-level practitioners (e.g., reports, periodic written evaluation, QA meeting notes). The surveyors will review how the reviewing MD/DO informs the CAH if the determination is made that there are problems relative to the diagnosis and treatment provided by mid-level practitioners as well as the follow-up actions are prescribed in the QA plan.

§485.641(b)(4) The quality and appropriateness of the diagnosis and treatment furnished by doctors of medicine or osteopathy at the CAH are evaluated by--

- (i) One hospital that is a member of the network, when applicable;
- (ii) One QIO or equivalent entity; or
- (iii) One other appropriate and qualified entity identified in the State rural health care plan; and

§485.641(b)(5)(i) The CAH staff considers the findings of the evaluations, including any findings or recommendations of the QIO, and takes corrective action if necessary.

§485.641(b)(5)(ii) The CAH also takes appropriate remedial action to address deficiencies found through the quality assurance program.

§485.641(b)(5)(iii) The CAH documents the outcome of all remedial action.

The surveyors will review how the CAH ensures that proper remedial actions are taken to correct deficiencies identified in the quality assurance program, the name of the individual identified as being responsible for implementing remedial actions to correct deficiencies identified by the quality assurance program and how the CAH documents the outcome of any remedial action.

These are the basic areas of the CFR that are addressed in the peer review/quality assurance portion of a Certification Bureau Survey of a hospital or CAH. If you have any questions, please call us at 406-444-2099 or email us at MTSSAD@mt.gov.